APPENDIX OF EXCERPTS OF PERTINENT SUMMARY PLAN DESCRIPTIONS

1. 1985 Summary Plan Description

---

* * *

BURLINGTON NORTHERN

RETIREE MEDICAL EXPENSE PLAN

* * *

TABLE OF CONTENTS

	Page
HIGHLIGHTS OF YOUR MEDICAL CARE PLAN	2
ABOUT THE PLAN	2
ELIGIBILITY	3
THE COST	3
HOW THE PLAN WORKS	4
An Important Note	4
The Deductible	4
Coverage of Most Medical Expenses	5
Coverage of Health Care Features	6
Second Surgical Opinion	6
Preadmission Testing	6
Outpatient Surgery	7
Extended Care Facility	7
Home Health Care	7
Coverage of Mental or Nervous Conditions	7
Treatment for Alcoholism and Drug Dependency	8
Maximum Plan Benefit	8
Doctor, Physician or Surgeon—A Definition	8
An Example of How the Plan Works	8
What is Not Covered	9
Extension of Benefits	10
Right of Recovery	11
IF YOU ARE COVERED BY MORE THAN ONE HEALTH INSURANCE PLAN	11
WHEN YOUR COVERAGE WILL END	11

QUESTIONS AND COMMENTS 11
HOW TO FILE A CLAIM FOR BENEFITS 11
WHAT TO DO IF YOUR CLAIM IS DENIED 12
MEDICARE 12
OTHER IMPORTANT INFORMATION 13
Plan Document 13
Continuance of the Plan 13
Your Rights Under the Employee Retirement Income Security Act 13
IMPORTANT NAMES, NUMBERS AND ADDRESSES 15

HIGHLIGHTS OF YOUR MEDICAL CARE PLAN

If you retire under a Company retirement plan, you, your spouse, and eligible children may be covered by this plan.

* * *

ELIGIBILITY

You are eligible for coverage under the Burlington Northern Retiree Medical Expense Plan if you retire under a Company pension plan at age 55 or later.

Your spouse and dependent children are covered by this program when your coverage begins. Your children are dependent if they receive over half of their support from you during the tax year in which medical expenses are incurred, and meet one of the following descriptions:

(If you are divorced or legally separated, Section 152(e) of the Internal Revenue Code is used to determine if your children receive more than half of their support from you.)

- unmarried child under 19 years of age.
- unmarried child, under 25 years of age, and a full-time student at an accredited school such as a college or university.
- unmarried child, physically or mentally disabled, and incapable of self-support. The disability must have begun prior to age 19 and while covered as an eligible dependent child.

If you need to apply for extended coverage for a disabled child, be sure to do so at least 31 days before your child's 19th birthday. Proof of disability will be required.

* * *

THE COST

The Company pays the full cost of coverage for retirees and their eligible family members.

* * *

WHEN YOUR COVERAGE WILL END

Your coverage under this plan will end when you die.

If you die while covered by the plan, your spouse's coverage and your eligible children's coverage will continue at no cost. Your family's coverage will end, however, if your spouse remarries. Your children's coverage will end if they lose their eligibility status. Family members may then purchase individual coverage from the insurance carrier. Application and payment must be made within 31 days, and proof of good health will not be required.

* * *

OTHER IMPORTANT INFORMATION

Plan Document

This booklet is a summary of the official plan document. You may see the document during normal working hours at the Human Resources Department, and you may get copies at your own expense. In case of a conflict between this booklet and the plan document, the information in the plan document will be used.

Continuance of the Plan

The Company reserves the right to alter, amend, delete, cancel or otherwise change the plan or any of the provi-

sions of the plan at anytime. If the plan is terminated, coverage for you and your eligible family members will end. Benefits, however, for any legitimate claims incurred prior to the plan's termination will be paid.

* * *

2. 1980 Summary Plan Description

RETIRED EMPLOYEES MAJOR MEDICAL/MEDICARE SUPPLEMENT COMPREHENSIVE MEDICAL/DENTAL INSURANCE COVERAGE

THE EL PASO COMPANY AND AFFILIATED COMPANIES

* * *

July 1980

FOREWORD

* * *

The following is intended as a Summary Plan Description of your retirement health care benefits and, in addition, serves as a vehicle of compliance as required under the Employee Retirement Income Security Act of 1974 (ERISA). Every effort has been made to describe your benefits as accurately and comprehensively as possible in order to inform you and your beneficiaries of rights and obligations under the Plan.

It should be noted that a Summary Plan Description cannot be, nor is it intended to be, as detailed as the formal text of the insurance policy which it summarizes. Therefore, the insurance policy will be made available for review at various Company locations upon request. Similarly, if there is any language or explanation in this booklet which you do not understand, you should contact a Personnel Representative assigned to the office where you last worked just prior to retirement.

Finally, if there is any conflict between that which follows in this booklet and the official text of the Plan, the text of the Plan will prevail.

* * *

YOUR RETIREMENT HEALTH CARE BENEFITS

ELIGIBILITY

Upon retirement, you, your spouse, and eligible dependent children under 19 years of age are automatically insured for retirement health care benefits and the Company pays the entire cost. Eligibility includes:

- regular full-time employees of a participating employer who have been granted a retirement and were covered under the Employees Group Insurance Plan prior to retirement
- a spouse and/or dependent children.

In addition, a surviving spouse continues coverage subject to certain conditions. (See page 15.)

* * *